

Illinois Health Connect

Your Home for Healthcare

Illinois' New Primary Care Case Management (PCCM) Program FACT SHEET

COVERED/ELIGIBLE POPULATIONS

ELIGIBLE Populations = 1.2 million (based on FY'2005)

- Children in current KidCare program (800,000) and expanded All Kids program
- Parents in FamilyCare (300,000)
- Adults with Disabilities (95,000)
- Elderly (13,000)

EXCLUDED Populations:

- People who have Medicare
- Children under age 21 who get Supplemental Security Income (SSI)
- Children in foster care and children who get Subsidized Guardianship or Adoption Assistance from DCFS (Department of Children and Family Services)
- Children under age 21 who are blind or who have a disability
- People who live in nursing facilities
- American Indians and Alaska Natives
- Individuals with Spend-down
- Refugees
- People who get Home and Community-Based services like the Community Care Program, the Home Services Program, or community services for persons with developmental disabilities
- Individuals residing in Community Integrated Living Arrangements (CILAs)
- Individuals in Presumptive Eligibility programs
- Individuals enrolled in the following programs with limited benefits:
 - ✓ Illinois Healthy Women
 - ✓ All Kids Rebate, FamilyCare Rebate
 - ✓ Illinois Cares Rx, formerly SeniorCare/Circuit Breaker
 - ✓ Transitional Assistance, age 19 and older
 - ✓ Emergency Medical Only
 - ✓ Hospice
 - ✓ Sexual Assault, Renal and Hemophilia Programs
- Populations Already Managed:
 - ✓ High Level Third Party Liability (TPL)/Private Insurance
 - ✓ Program for All-Inclusive Care for the Elderly (PACE) participants

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ILLINOIS HEALTH CONNECT PROGRAM IMPLEMENTATION

Phase 1 - Voluntary

- Begins July 1, 2006.
- PCPs limited to FQHCs, RHCs and Cook County Bureau of Health Services to allow for immediate statewide presence.
- Enrollment materials available in FQHC/RHC offices for their existing patients who are interested in enrolling in the voluntary phase.
- Clients will mail their enrollment forms to the State.
- Enrollees may disenroll at any time.

Phase 2 - Mandatory

- Geographical implementation as follows:
 - ✓ December 2006 in Cook and Collar Counties
 - ✓ January 2007 in Northwestern region
 - ✓ March 2007 in Central and Southern regions
- Enrollment handled by State Contractors:
 - ✓ Enrollment packets will be mailed to households with potential enrollees.
 - ✓ The packets will explain the Illinois Health Connect program, PCP/MCO choices, time-frame for making a choice and will contain an enrollment form personalized with each client's name, DOB and a return envelope.
 - ✓ Clients may choose PCP/MCO by mail, phone, fax or internet.
 - ✓ Second enrollment form will be mailed to clients who have not responded to the first packet within 30 days.
 - ✓ Second form will also include the name of the PCP to whom the client will be assigned if they do not make a choice within 30 days.
 - ✓ The auto assignment decision process will take into account existing provider-client relationships as determined by claims data, PCPs of other family members, location and language preferences.
- Clients already enrolled with an MCO or an FQHC/RHC under the voluntary program will go through mandatory enrollment process so as to provide all choices to beneficiaries. If they do not choose, they will be auto-assigned to their current provider/MCO.
- Enrollees may change PCP/MCO without cause (limited to once a month).

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ILLINOIS HEALTH CONNECT PRIMARY CARE PROVIDERS (PCPs)

PCCM is a managed care model in which each enrollee has a medical home with a primary care provider (PCP). Enrollees may pick their own primary care doctor or clinic as their PCP if that provider is enrolled with HFS as a PCP. For those who do not choose a PCP, they will be assigned to one.

Providers Eligible to be PCPs: (must meet ALL PCP requirements)

- General Practitioners, Internists, Pediatrics, Family Practitioners, OB/GYNs, Osteopaths and other specialists
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Other clinics including certain specified hospitals and Cook County Bureau of Health Service clinics
- Certified local health departments
- School-Based/Linked clinics
- Other qualified health professionals as authorized by HFS

Monthly Care Management Fee

PCPs will be paid a special monthly fee for each person whose care they are responsible to manage:

- \$2.00 for children
- \$3.00 for parents
- \$4.00 for disabled and elderly enrollees

*This monthly care management fee will be paid even if the enrollee does not get services that month and will not be subject to the payment cycle. **PCPs will continue to receive regular fee-for-service reimbursement from HFS.***

Panel Sizes

- Each physician enrolled as a PCP may have up to a maximum of 1,800 enrollees.
- For each nurse practitioner or physician assistant affiliated with the physician, the maximum increases by 900 enrollees.
- The maximum panel size for residency programs is 900 enrollees per resident.
- PCPs may limit the number of enrollees and may opt out of auto-assignment.

Nurse Practitioners, Midwives, and Physician Assistants

- HFS will allow nurse practitioners, midwives and physician assistants to participate by providing services with an affiliated physician.
- In areas where there may be a limited availability of PCPs to sufficiently meet the demand, HFS may approve advanced practice nurses to directly enroll as PCPs.
- This may be expanded if determined in the best interest of the program by HFS.

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PCCM PCP REQUIREMENTS

PCPs must agree to provide medically necessary care in a timely manner with a focus on the provision of quality primary and preventive health care services that support continuity of care initiatives and avoid unnecessary emergency room visits and hospitalizations.

Specific requirements include:

- Enroll with HFS as one of the allowed provider types
- Maintain hospital admitting and/or delivery privileges or arrangements for admission to a nearby hospital
- Make medically necessary referrals to enrolled providers including specialists
- Provide or arrange for coverage of services, consultation or referral and treatment for medical conditions twenty-four hours a day, seven days a week (24/7) as required. Automatic referral to hospital ER does not qualify.
- Maintain office hours at least 24 hrs/wk (solo practice) or 32 hrs/wk (group)
- Agree to maintain appointment standards:
 - ✓ Routine, preventive care available within five weeks from request but within 2 weeks for infants under 6 months
 - ✓ Urgent care conditions not deemed emergency must be triaged within 24 hours
 - ✓ Enrollee problems or complaints not deemed serious available within 3 weeks from request
 - ✓ Initial prenatal without expressed problems: 1st trimester within 2 weeks, 2nd trimester within 1 week, 3rd trimester within 3 days
 - ✓ Upon notification of Enrollee hospitalization or ER visit, follow-up appointment available within 7 days of discharge
- Agree to provide and coordinate Maternal & Child Health Services: (if providing services to pregnant women and children)
 - ✓ perform periodic preventive health screenings in accordance with established standards of care
 - ✓ perform risk assessments for pregnant women & children and provide obstetrical care or delivery services
 - ✓ schedule, or coordinate with a case manager to schedule, diagnostic consultation and specialty visits and communicate with the case management entity
- Institute a symptom-based action plan of care to be shared with Enrollees with chronic diseases
- Meet other requirements detailed in the PCP Agreement

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PCCM DIRECT ACCESS SERVICES

Enrollees do NOT need referrals from their PCP to the following services:

- Services provided to newborns up to 91 days after birth
- Family Planning and Obstetrical and Gynecological (OB/GYN) services
- Shots/Immunizations
- Emergency Room
- Emergency and Non-Emergency Transportation
- Pharmaceuticals
- Dental Services
- Vision Services
- Mental Health and Substance Abuse services
- Outpatient Ancillary services (radiology, pathology, lab, anesthesia)
- Services to treat sexually transmitted diseases and tuberculosis
- Early Intervention services
- Lead Screening and Epidemiological Services
- Services provided by:
 - ✓ school-based/linked clinics
 - ✓ school-based clinics through Local Education Authorities
 - ✓ local health departments
 - ✓ mobile vans, with HFS approval
 - ✓ FQHC homeless sites

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ILLINOIS HEALTH CONNECT PROGRAM REFERRALS

A medical home ensures that each PCP knows about the health care their enrollees receive which:

- ensures enrollees get immunizations and other preventative health care
- prevents duplication of services
- ensures enrollees receive the most appropriate level of care
- improves the quality of care that an enrollee receives.

Referrals are ordered and authorized by the PCP, **not** the Illinois Health Connect Administrator. The PCCM Administrator only tracks referrals to guarantee payment is appropriately made to the specialist or other provider. Referrals may be registered on the Internet, by phone or fax. Referral information will be available on a real-time basis so providers can verify that a referral has been made.

Services Requiring a Referral:

- Direct inpatient admissions
- Services provided by:
 - ✓ Physicians, including another PCP (except OB/GYNs)
 - ✓ Nurse practitioners, midwives and physician assistants
 - ✓ Podiatrists and chiropractors
 - ✓ FQHCs, RHCs and other clinics and ambulatory surgical treatment centers
 - ✓ Audiologists
- All other services that are not Direct Access services.

Required Information for Referrals:

- Enrollee name, identification number, address and telephone number
- PCP name and HFS provider number
- Referred Provider name and HFS provider number
- Date range of referral authorization

Referrals may also include diagnosis, reason for referral and any restrictions.

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PCCM CONTRACTOR(S) DUTIES AND RESPONSIBILITIES

PCCM Administrator:

- Provider Services
 - ✓ Recruit new providers to be PCPs and develop PCP provider network, including enrollment of PCPs
 - ✓ Recruit new specialists and sub-specialists
 - ✓ Monitor PCPs and track PCP capacity
 - ✓ Maintain provider referral tracking system
 - ✓ Maintain PCP Directory and operate provider hotline
 - ✓ Conduct provider education on PCP responsibilities, how to make referrals, enrollee verification, general billing, Quality Improvement program, complaint process, etc.
 - ✓ Maintain Provider Handbook
 - ✓ Develop provider profile reports with advisory group and HFS input
- PCCM Client Services (only in counties without voluntary MCOs)
 - ✓ Conduct client enrollment activities, including mailing enrollment packets, handbooks and assisting with selection of a PCP
 - ✓ Process requests for PCP changes (statewide)
 - ✓ Provide staff in certain DHS local offices to educate and assist enrollees
- Operate client hotline to assist all Medical Program participants to locate providers
- Operate after-hours Nurse Consultation hotline
- Conduct auto-assignment of clients who do not choose a PCP or MCO
- Outreach to children who have not received recommended EPSDT services
- Maintain website for providers and clients

Client Enrollment Broker: (only in counties with voluntary MCOs)

- Conduct all client enrollment activities including mailing enrollment packets and handbooks and assisting with selection of PCP or MCO
- Process requests to change delivery systems (from PCCM to MCO or vice versa) and to change from one MCO to another MCO
- Provide staff in certain DHS local offices to educate and assist enrollee